## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P05000141855 1. Entity Name SRP HOLDING CORP.

6. Name and Address of Current Registered Agent

FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

10431 N. COMMERCE PARKWAY MIRAMAR, FL 33025 10431 N. COMMERCE PARKWAY MIRAMAR, FL 33025



DO NOT WRITE IN THIS SPACE 04162008

 04162008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GOLD, STUART M 6625 MIAMI LAKES DRIVE SUITE 217 MIAMI LAKES, FL 33014

## DO NOT WRITE IN THIS SPACE

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	     
10.	OFFICERS AND DIREC	CTORS			05/01/08-80042-029 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMSON, CYRIL J 10431 N. COMMERCE PARKWAY MIRAMAR, FL 33025				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BYERLEE, RUBEN D 10431 N. COMMERCE PARKWAY MIRAMAR, FL 33025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	,		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2008

(954)433-2212